## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

213.003-12

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1					(Colu	ımn 2)	1	TYPE [		OR	SMALL	ENTITY	
TOTAL CLAIMS			65					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	•	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			05 minus 20= * 4.			5		X\$ 9=	405	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 = -					X43=		OR	X86=		
ΜL	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	790	OR	TOTAL		
CLAIMS AS AMENDED - PART II								·	<u>.                                    </u>	-	OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLANA	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)		DDII. FEE L			-DDII. 1 EE		
8		CLAIMS		HIGHE	ST		Г	<u> </u>	ADDI-	1		ADDI-	
AMENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	##				X\$ 9=		OR	X\$18=	,	
	Independent	*	Minus	***		= .		X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
,								+145=		OR	+290=		
								TOTAL DDIT. FEE.		OR	TOTAL ADDIT. FEE		
		(Column 1)		_(Colum	n:2)	(Column 3)	•					,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= '	F	X43=			X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·  -			OR	7,00-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	f the "Highest Nur	mber Previously Pai	d For IN THIS	SPACE is I	ess than	20, enter "20."	ΑĽ	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE		
		mber Previously Pa ber Previously Paid							opriate box		•	]	